**ALBERT GALLATIN AREA SCHOOL DISTRICT**

**CHRISTOPHER A. PEGG, SUPERINTENDENT**

**REQUEST FOR APPROVAL OF COURSE CREDITS**

TEACHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT CERTIFICATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NAME OF COLLEGE/UNIVERSITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

COURSES YOU ARE ENROLLING IN:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Yes \_\_\_\_ No

**NAME OF COURSE COURSE CREDIT ONLINE COURSE**

Description of Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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THIS IS FOR A NEW CERTIFICATION \_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_ NO

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**NAME OF COURSE COURSE CREDIT ONLINE COURSE**

Description of Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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THIS IS FOR A NEW CERTIFICATION \_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_ NO

\_\_\_\_\_\_ APPROVED \_\_\_\_\_\_ DENIED

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SUPERINTENDENT’S SIGNATURE DATE

**\*Form must be completed and approved prior to starting classes.**

**\*\*Maximum 15 credits per school year July 1 – June 30.**

**SUBMIT COMPLETED FORM VIA EMAIL TO** [**tmiller@agasd.org**](mailto:tmiller@agasd.org)

KLH 02/19